

## RESEARCH BRIEF #90

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# How Has the Opioid Crisis Affected Health, Health Care Use, and Crime in the United States?

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### KEY FINDINGS

- Prescription opioid suppliers played a central role in sparking the crisis by over-prescribing opioids.
- The opioid crisis has led to worsening health and has increased health care use and cost.
- There is a causal relationship between opioids and crime, but the link is not as strong as in previous drug crises.
- State and federal policy responses have demonstrated mixed effectiveness in reducing rates of opioid misuse, overdoses, and health care service use.

The U.S. opioid crisis is the deadliest drug crisis in the nation's history and is not abating. The crisis costs the country at least \$600 billion a year.<sup>1</sup> The roots of today's crisis trace back to the over-prescribing of pharmaceutical painkillers between the mid-1990s and 2010. Heroin misuse then became more dominant between 2010 and 2013, partially due to state and federal policies that limited access to prescription opioids without providing support for underlying opioid use disorder or adequately accounting for substitution to chemically similar illicit opioids. In 2013, the crisis entered its third wave as fully synthetic, hyper-potent opioids, including fentanyl and its analogs, entered the illicit drug supply, spurring an acceleration in the rate of overdoses.

To better understand the relationships between opioid misuse, health, health care use, and crime, we reviewed the research on these relationships in the health and applied economics literatures. We found that the opioid crisis has led to worsening health, increased mortality, increased health care use, and modest increases in crime. Further, we found that policies designed to curb opioid use and associated harm have had limited success in reversing the crisis.

### U.S. Policies Designed to Curb Opioid Use Have Not Been Fully Successful in Mitigating the Opioid Crisis

Excessive opioid use is costly to the health care system, increasing overall medical costs (above and beyond direct expenditures on opioids), emergency department visits, opioid

use disorder treatment, and costs associated with neonatal abstinence syndrome. Opioids were developed to treat pain and so have the potential to improve health. However, research suggests that any benefits are small (as these medications are not more effective in treating chronic pain than alternative pain management therapies) and are offset by dramatic costs associated with misuse.<sup>2,3</sup>

Suppliers of prescription opioids played a role in originating and fueling the opioid crisis: pharmaceutical companies lobbied for more aggressive treatment of pain through medication and marketed opioids extensively to prescribers. Differences in physician prescribing rates explain a substantial amount of variation in opioid use across the U.S., and areas with looser prescribing culture experienced harsher consequences of the opioid crisis.<sup>4</sup> Although the healthcare system was lax in monitoring the overprescribing of opioids during the mid-1990s to 2010, ironically, the availability of medications used to treat opioid use disorder like methadone and buprenorphine continues to be highly restricted. Due to numerous factors, such as prescriber ceilings and waiver requirements, stigma over the use of medications to treat OUD (e.g., abstinence only programs), and lack of insurance coverage, only 17% of Americans with opioid use disorder receive these effective medications.<sup>5</sup> Finding ways to expand access to and use of these medications is important for mitigating the harms of the crisis.

## **The Opioid Crisis is Linked to Crime, but Not to the Same Extent as in Previous Drug Crises**

Nationally, crime rates have fallen from their peak in the early 1990s for nearly three decades. The rapidly accelerating rates of opioid misuse during the same time period did not hinder the overall pattern of falling crime rates. Previous drug crises, such as the urban heroin wave of the 1970s, the crack epidemic of the 1980s, and the methamphetamine crisis of the early 2000s, all helped drive increasing gun and property crime. The opioid crisis has not done so. One reason may be that opioid misuse has been viewed through a softer lens as more of a medical problem than a criminal issue. Because SUDs are viewed differently, the criminal justice system has developed diversion and other remedial programs designed to facilitate treatment and remove criminal charges from records. This change has led to differential consequences than in earlier epidemics. Another distinction between opioids and past illicit drugs is that the influx of addictive prescription opioids in the early part of the crisis were obtained through legal prescriptions. Further, opioid use is generally not linked with aggressive behavior, which might promote crime, to the same extent as some drugs characterizing earlier epidemics (e.g., cocaine).

While opioid misuse does not seem to have reversed broader declines in crime, studies have established a modest causal link between opioid misuse and crime, especially illicit drug crime like the possession and sale of heroin, fentanyl, and diverted opioid medications.<sup>6</sup> Medications that treat and decrease opioid use disorder (MOUD) have been associated with decreases in crime.<sup>7</sup> MOUD reduces crime through reduced use of opioids and associated behaviors linked with crime (e.g., intoxication, theft, victimization).

## **State and Federal Policies Designed to Reduce Misuse and Overdoses Have had Mixed Effectiveness**

States and federal agencies have implemented various policies aiming to reduce opioid misuse and its associated harmful outcomes. These include encouraging the reformulation of OxyContin® to make it harder to misuse, legislating prescription drug

monitoring programs, pain clinic management laws, implementing harm reduction policies like naloxone access laws and syringe exchange programs, tightening drug scheduling for hydrocodone, and expanding access to MOUD.

Although there is evidence that the menu of supply-targeted policies decreased access to opioid prescriptions, research shows that some of the policies may have unintentionally accelerated the crisis' transition to heroin and fentanyl. For example, prescription drug monitoring programs reduced access to prescription opioids without providing access to the treatment necessary to address underlying addiction, leading some consumers to substitute with heroin. There is evidence that expanding access to MOUD is effective at reducing overdoses. There is mixed evidence on the effectiveness of harm reduction policies.<sup>8</sup> Despite all the policies implemented to combat the crisis, the mortality toll has kept rising, increasingly due to fentanyl.<sup>9</sup>

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## Data and Methods

We focus our review on U.S. health and applied economic studies using scientific models designed to estimate the causal effect of policies on opioid-related outcomes. We located studies by searching online sources and through conversations with economists and researchers active in this area of research.

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